



Form
CG-MDQ
State Form 51414
(R/12-04)

Indiana Department of Revenue
Manufacturer/Distributor
Quarterly Report

Due the 20th day of the month following the end of the quarter.

Name of Manufacturer or Distributor	Taxpayer Identification Number (TID)		
Street Address	City	State	Zip Code

Quarterly Totals

Please indicate which quarter is covered in this report (check one): ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th

1. Total sales of pull-tabs/punchboards/tip boards..... 1 _____
- a) Total amount of excise tax paid on line 1 (10% of line 1)..... 1a.

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2. Total sales of bingo paper..... 2 _____
3. Total sales/leases of bingo equipment, supplies and devices..... 3 _____
4. Total amount of gross sales this quarter: add lines 1, 2 and 3..... 4 _____

Manufacturer/Distributor Information

List each organization merchandise was sold to this quarter. Attach additional sheets if necessary.

Organization Name	Gaming License Number	Taxpayer Identification Number (TID)

Mail completed return to:

Indiana Department of Revenue
Charity Gaming Section
100 N. Senate Avenue, Room N203
Indianapolis, IN 46204

Under penalties of perjury, I declare that the information I have furnished above is, to the best of my knowledge true, correct and complete.

Signature

Printed Name

Date